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Atty. Dkt. No. 073442-1407

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sundram, et al.

Title: INCREASING THE HDL LEVEL
AND THE HDL/LDL RATIO IN
HUMAN SERUM BY BALANCING
SATURATED AND
POLYUNSATURATED DIETARY
FATTY ACIDS

Appl. No.: 09/828,448

Filing Date: April 6, 2001

Examiner: Unknown

Art Unit: Unknown

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below.	
<u>Wesley B. Ames</u>	(Printed Name)
<u>Wesley B. Ames</u>	(Signature)
<u>17 July 2001</u>	(Date of Deposit)

AMENDMENT TRANSMITTAL

Commissioner for Patents
Box NON-FEE AMENDMENT
Washington, D.C. 20231

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

[X] Applicant claims small entity status under 37 C.F.R. § 1.9 and § 1.27.

[X] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	22	27	0	x \$18.00	\$0.00
Independents:	3	3	0	x \$80.00	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$270.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

[] Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$890.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$0.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$0.00

- ☐ Please charge Deposit Account No. 50-0872 in the amount of \$0.00 . A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$0.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 17 July 2001

By Wesley B. Ames

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